

FOREIGN VISIT REQUEST FORM

All foreign nationals require permission from the U.S. Department of Energy for site access and admittance to the Argonne site is contingent upon approval. Please complete ALL of the following questions, as this information is required to submit a Foreign Visit Request.

First Name	Middle Initial or "NMI"	Last Name
Gender	Date of Birth (MM/DD/YYYY)	City of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Country of Birth	Country of Citizenship	(LPR) Legal Permanent Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No*
LPR Number	LPR Expiration Date (MM/DD/YYYY)	

*ALL Passport and Visa information are MANDATORY if you are NOT a Legal Permanent Resident.

Passport Information		
Passport Number	Country of Issue	Expiration Date (MM/DD/YYYY)

Visa Information		
Visa Number	Type of Visa*	Expiration Date (MM/DD/YYYY)

*If you have an F1 visa, please submit a copy of your I-20 SEVIS with this request; If you have a J-1 visa, please submit a copy of your DS-2019 with this request; If you have an H-1 visa, please submit a copy of your I-797 with this request.

Alternate Type of Credentials		
<input type="checkbox"/> Drivers License (Canada only) <input type="checkbox"/> DS2019 Certificate of eligibility for J-1 status <input type="checkbox"/> Federal ID <input type="checkbox"/> I-20 <input type="checkbox"/> I-94 <input type="checkbox"/> I-485 Application to adjust to LPR	<input type="checkbox"/> I-512 Authorization for Parole <input type="checkbox"/> I-551 'ADIT' Stamp - valid temporary proof of permanent residency <input type="checkbox"/> I-589 Asylum Status <input type="checkbox"/> I-797 <input type="checkbox"/> SEVIS number on the I-20 Form for the F-1 student visa extension	
Associated Number	Institution/Employer that is sponsoring the alternate type of credential	Expiration Date (MM/DD/YYYY)

Before entering the site, you must present the indicated INS documents at the Argonne Information Center.

Current Employer		
Name	Work Phone	Cell Phone
Street	City, State and Zip	
Division/Title or Position	E-mail Address	

FOR SECURITY PURPOSES, THIS FORM MUST BE RETURNED BY FAX OR BY U.S. MAIL NO LATER THAN JUNE 30, 2008 TO:

Giselle Sandi
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 9700 S. Cass Avenue, Bldg. 223
 Argonne, IL 60439
 Fax: (630) 252-3193